

\_\_\_\_\_  
(Originating Department, Commission, Board, or Institution)

\_\_\_\_\_  
(Date of issuance)

\_\_\_\_\_  
(Name of Suspended Employee)

\_\_\_\_\_  
(Ceridian ID)

To: MILWAUKEE COUNTY PERSONNEL REVIEW BOARD  
  
DEPARTMENT OF HUMAN RESOURCES

Courthouse Room 212-F  
  
Courthouse Room 210

You are hereby notified that \_\_\_\_\_  
(Name of Suspended Employee) \_\_\_\_\_  
(Ceridian ID)

employed in the position of \_\_\_\_\_ in the \_\_\_\_\_  
(Title of Position) (division, Department, Commission, or Board)

\_\_\_\_\_ has been suspended for \_\_\_\_\_ day(s), to take effect on \_\_\_\_\_.  
(Org. Unit Number)

Recommended by \_\_\_\_\_  
(Name and Title of Superior Officer)

THE REASON FOR SUSPENSION: (Cite section(s) of the Civil Service Rule violated **and** some specificity of act or omission such as date(s), location, and description.)

This Action has been taken in accordance with State Statutes, County General Ordinances, and the Civil Service Act and Rules.

Was this employee previously suspended within the past six months:  Yes  No  
(the six month calculation is from the date of issuance)

**If yes, complete the following:**

1. The most recent suspension was issued on what date? \_\_\_\_\_

2. Is suspended employee represented by a bargaining unit?  Yes  No

FORM DISTRIBUTION:  
Blue Copy – Suspended Employee  
White & Yellow – Department of Human Resources  
Green Copy – Personnel Review Board  
Pink Copy – Retained by the Appointing Authority

\_\_\_\_\_  
(Signature of Appointing Authority)

\_\_\_\_\_  
(Title of Appointing Authority)

**MUST BE IN THE PRB OFFICE WITHIN 3 DAYS OF ISSUANCE**